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Bib Data Sheet

CONFIRMATION NO. 8077

SERIAL NUMBER 10/580,159	FILING OR 371(c) DATE 01/13/2007 RULE	CLASS 601	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. 022727-0148
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US04/39888 11/29/2004

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/21/2007

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

NEGATIVE PRESSURE VENTILATION AND RESUSCITATION SYSTEM

FILING FEE RECEIVED 240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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